## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/900784

CLAIMS AS FILED - PART I (Column 1)						(Column 2)		SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS								RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			28 minus 20=		. 8			X\$ 9=	12	OR	X\$18=	
INDEPENDENT CLAIMS			2 minus 3 =					X40=		OR	X80=	
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT					+135=		OR	+270=	
* If	the difference	less than ze	s than zero, enter "0" in		olumn 2	-	TOTAL	427	OR	TOTAL		
.0	С	LAIMS AS A	MENDED			(0.1 0)		SMALL E	ENTITY	OR	OTHER SMALL I	
_		(Column 1) CLAIMS		(Colur		(Column 3)	1 1	SWALL		UN I	SWALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	NTATION OF M	Minus	***	CL AIM	=		X40=		OR	X80=	*
_	TITIOTTTICOE	A CONTRACT OF TWO	OLIN EL DEI	LINDLIN	·		J	+135=		OR	+270=	
· · · · · · · · · · · · · · · · · · ·	د وقع الارادي العجمال الع	· · · · · · · · · · · · · · · · · · ·	ž.	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE					
		(Column 1)		(Colu	nn 2) (Column 3)			4				(
ENT B		CLAIMS REMAINING AFTER AMENDMENT	-	HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT B	Total	•	Minus	**	-	=		X\$ 9=		OR	X\$18=	
	Independent	dependent		CLAINA	=		X40=		OR	X80=		
	rino i rhese	NIATION OF MI	JLIIPLE DEF	ENDEN	CLAIM	<u>-</u> -		+135=		OR	+270=	*
			· ·		: - =		1	TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	a*
		(Column 1)		(Colur		(Column 3)				•		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	COLAINA	=		X40=		OR	X80=	
	FIRST PRESE	CLAIM		<b>ا</b> ا	+135=		OR	+270=				
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OB I	TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL ADDIT. FEE  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												